

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 3-14-05.

In accordance with Rule 133.308 (e)(1), requests for medical dispute resolution are considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute. The following date(s) of service are not timely and are not eligible for this review: 3-12-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

The IRO reviewed manual therapy technique, neuromuscular reeducation and therapeutic exercises that were denied for medical necessity.

The manual therapy technique, neuromuscular reeducation and therapeutic exercises from 3-15-05 through 4-28-04 **were found** to be medically necessary. The manual therapy technique, neuromuscular reeducation and therapeutic exercises from 4-29-04 through 7-23-04 **were not found** to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services. The amount due the requestor for the medical necessity issues is \$1,321.35.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 3-25-05 the Medical Review Division submitted a Notice to the requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Regarding CPT code 97110 from 4-29-04 through 6-3-04: The carrier denied one or more units of this service on these dates as "D-Duplicate charge". Per Rule 133.304(c) and 134.202(a)(4) carrier didn't specify which service this was a duplicate of. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution section indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The MRD declines to order payment because the SOAP notes do not clearly delineate exclusive one-on-one treatment nor did the requestor identify the severity of the injury to warrant exclusive one-to-one therapy. **Reimbursement not recommended.**

One unit of CPT code 97140 on 5-10-04, 5-12-04 and 5-14-04 was denied as "D – duplicate charge." Per Rule 133.304(c) and 134.202(a)(4) carrier didn't specify which service this was a duplicate of. **Recommend reimbursement of \$101.70 (\$33.90 X 3 units).**

CPT code 97112 on 5-10-04, 5-12-04, 5-14-04, 5-18-04, 5-20-04, 5-22-04, 5-26-04, 5-27-04, 5-29-04, 6-1-04 and 6-3-04 was denied as "D – duplicate charge." Per Rule 133.304(c) and 134.202(a)(4) carrier didn't specify which service this was a duplicate of. **Recommend reimbursement of \$403.59 (\$36.69 X 11 DOS).**

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the Respondent to pay the unpaid medical fees totaling \$1,826.64 from 3-15-04 through 6-3-04 outlined above as follows:

- In accordance with Medicare program reimbursement methodologies for dates of service on or after August 1, 2003 per Commission Rule 134.202 (c);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this Order.

This Decision and Order is hereby issued this 19th day of May, 2005

Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO decision

May 12, 2005

Texas Workers' Compensation Commission
Medical Dispute Resolution
Fax: (512) 804-4868

Re: Medical Dispute Resolution
MDR #: M5-05-1953-01
TWCC#:
Injured Employee:
DOI:
SS#:
IRO Certificate No.: IRO 5055

Dear Ms. ____:

IRI has performed an independent review of the medical records of the above-named case to determine medical necessity. In performing this review, IRI reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General Counsel of Independent Review, Inc. and I certify that the reviewing healthcare professional in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. This case was reviewed by a physician who is licensed in chiropractic, and is currently on the TWCC Approved Doctor List.

Sincerely,

Gilbert Prud'homme
General Counsel

GP:thh

REVIEWER'S REPORT
M5-05-1953-01

Information Provided for Review:

TWCC-60, Table of Disputed Services, EOB's

Information provided by Requestor:

Correspondence

Office notes 03/01/04 – 09/29/04

Physical therapy notes 03/01/04 – 08/10/04

FCE's 07/08/04 – 11/12/04

Electrodiagnostic study 07/15/04

Radiology report 01/11/04 – 09/29/04

Information provided by Respondent:

Correspondence

Designated doctor reviews

Information provided by Pain Management Specialist:

Office notes 07/01/04 – 09/02/04

Clinical History:

Claimant was working when she was involved in a work related accident on _____. Claimant sustained injuries to the neck, ribs, low back, and shoulder. Initially the claimant was diagnosed with multiple contusions on 01/12/04; worker was returned to light duty. Worker presented to the chiropractor from 03/01/04 through 07/23/04 on over 60 occasions for outpatient rehabilitation management. Evaluation on 03/15/04 revealed a treatment plan including outpatient rehabilitation management; 25% reduction of right trunk rotation observed all other AROM over the spine was WNL.

MR imaging over the right shoulder performed on 04/26/04 revealed mild tendonitis and tendinosis of the rotator cuff, subacromion/subdeltoid bursitis, and mild degenerative subacromion arch with impingement syndrome. MR imaging of the lumbar spine on 04/26/04 revealed central disc bulge with mild foraminal stenosis at L4/5 and degeneration of the facet joints at L4/5 and L5/S1. On 04/28/04 a 10% reduction of trunk rotation right was noted, all other AROM was unremarkable. On 06/11/04 AROM was clinically unremarkable over the spine. On 07/07/04 the claimant was advised of the necessity for a work hardening program. Functional Capacity Evaluation was performed on 07/08/04 revealing the claimant's ability to function within a sedentary/light Physical Demands Classification. NCV/EMG of the lower quarter on 07/22/04 revealed right radiculopathy at L4 and L5. The worker was approved for a work conditioning program 20 sessions on 07/22/04.

Disputed Services:

Manual therapy, neuromuscular re-education and therapeutic exercises during the period of 03/15/04 – 07/23/04

Decision:

The reviewer partially disagrees with the determination of the insurance carrier and is of the opinion that manual therapy-tech, neuromuscular re-education and therapeutic exercises were

medically necessary from 03/15/04 through 04/28/05, but not medically necessary beyond 04/28/05 through 07/23/04.

Rationale:

There is no medical record that supports the application of over 60 sessions of outpatient rehabilitation utilizing nearly identical applications on every session in the management of this claimant's condition. The worker was a candidate for a 6-week trial of outpatient rehabilitation management from 03/15/05 through 04/28/04. No qualitative/quantative data has been presented that establishes efficacy of the provider's course of management to warrant management with 97140 Manual Therapy, 97112 Neuromuscular Reeducation, and 97110 Therapeutic Exercise beyond 04/28/04. Following the 6 week trial of outpatient rehabilitation management the claimant should have been scheduled for a FCE and if applicable transitioned to a RTW program.

The aforementioned information has been taken from the following guidelines of clinical practice and/or peer-reviewed references.

- ACOEM Occupational Medicine Practice Guidelines, Ch. 12 Low back pain complaints. pg. 298-305.
- Bronfort G, et al. Efficacy of spinal manipulation and mobilization for low back pain and neck pain: a systematic review and best evidence synthesis. Spine J. 2004 May-Jun;4(3):335-56.
- Overview of implementation of outcome assessment case management in the clinical practice. Washington State Chiropractic Association; 2001. 54p.
- Sevier TL, et al. The industrial athlete? Work. 2000;15(3):203-207.
- Troyanovich SJ, et al. Structural rehabilitation of the spine and posture: rationale for treatment beyond the resolution of symptoms. J Manipulative Physiol Ther. 1998 Jan;21(1):37-50.